



### District Director Nomination Form

Name: Rhonda Smith

School Board: Boaz City School System

Address: 1155 Summerville Rd  
Boaz, Al. 35957

Telephone: 256-506-2247 Fax: \_\_\_\_\_

E-mail: rsmith15@bellsouth.net

Nominated by: \_\_\_\_\_

Years on the school board: 6yrs

Academy status: Master

Occupation: Dyslexia Intervention Teacher

Other positions/information (optional): 2016-2018 School Bd President

2018-2019- V.Pres School Bd, Literacy Task Force member

2019-Present 2015 Bylaws committee, Legislative committee (national)  
for Academic Language Therapist Association, 2019-present

Nominated by: \_\_\_\_\_ School Board: \_\_\_\_\_

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Permission for Nomination Form \*  
(if not self-nominated)

I, \_\_\_\_\_, give my permission to be nominated for district director.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\* Completion of permission form is not necessary for self-nominations.

If you do not receive confirmation of your nomination from AASB in three business days, please resubmit the nomination and contact the AASB office. AASB will recognize the initial date of submission upon verification.